

**Universal 911 Dialing- First Transition Report****Section 1****Carrier Identification Information****Parent Company Name**

Choice Wireless LC

**Service Provider Name**

Amerilink PCS

**Company Address, City, State, Zip**205 N.Walnut St.  
Muenster, TX. 76252**Service Provider Type**• **Wireless****Wireline****Name(s) of Wireless License Holder(s)**Jim Young  
Alvin Fuhrman  
Tim Humpert  
Dennis Raines**Contact Name**

Dale McWhorter

**Contact Tel #**

940-237-1234

**Fax #**

940-759-4934

**E-mail Address**

dmcwhorter@ntin.net

**Section 2****Local Area 911 Implementation**

**s List all individual local areas covered by this report (e.g., Lee County, Virginia):**

**Cotton Co., Oklahoma**  
**Murray Co., Oklahoma**

**1. For each area listed above, identify the emergency response point to which 911 calls will be routed.**

**Cotton Co. – Cotton County Sheriff**  
**Murray Co. – Murray County Sheriff & Ardmore Police Dept.**

**(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.**

**We have been routing basic 911 calls for both counties listed above since July 2001**

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

N/a

### Section 3

#### 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

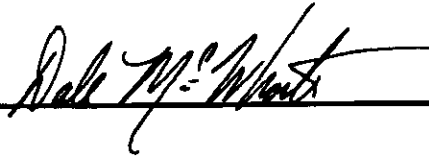
Choice Wireless verified with the routing points (County & Police) of call terminations via telephone.

### Section 4

#### Certification - To be signed by an authorized representative of the reporting entity

- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of July 2001.

Signature



Printed name of authorized representative

Dale McWhorter

Title Network Operations Manager

Date 3/8/2002

This filing is:

☒ original filing

☐ revised filing